

**YOU MUST COMPLETE AND RETURN THIS DOCUMENT OR SUBMIT IT ONLINE IF YOU WISH TO JOIN THE LAWSUIT**

**CONSENT TO JOIN CLAIM FORM**

***Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.***

**CONSENT TO JOIN**

My name is Keith V Griffin (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 08/1/2018 (month, year) to on or about 3/31/2019 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

**Please print or type the following information:**

Keith V Griffin  12/30/2021

**Full Name** (Print clearly)

**Signature**

**Date**

301 Evergreen Dr. Newark, Delaware 19702

**Address**

**City/State/Zip**

(302) 737-7570

griffinvan1006@gmail.com

**Telephone Number**

**Email Address**

**You must submit this form no later than January 3, 2022, to:**

LogistiCare Wage and Hour Litigation  
P.O. Box 26170  
Santa Ana, CA 92799

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**CONSENT TO JOIN**

My name is Brenda Gravely (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 10/2018 (month, year) to on or about 04/2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

**Please print or type the following information:**

Brenda Gravely	Brenda Gravely	1/3/2022
<b>Full Name</b> (Print clearly)	<b>Signature</b>	<b>Date</b>

205 College Ave. Princeton, West Virginia 24740	
<b>Address</b>	<b>City/State/Zip</b>

(304) 922-2192	mandbtranspo@gmail.com
<b>Telephone Number</b>	<b>Email Address</b>

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**CONSENT TO JOIN**

My name is Vladimir Trinchet (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 06/10/2020 (month, year) to on or about 12/09/2021 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

**Please print or type the following information:**

Vladimir Trinchet



1/3/2022

**Full Name** (Print clearly)

**Signature**

**Date**

217 SW 13<sup>th</sup> Ter. Cape Coral, Florida 33991

**Address**

**City/State/Zip**

(239) 541-8383

DGGFLORIDASVCSINC@GMAIL.COM

**Telephone Number**

**Email Address**

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**CONSENT TO JOIN**

My name is Michael Helhem Khodr (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 05/01/2019 (month, year) to on or about 0/0/0 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

**Please print or type the following information:**

Michael Melhem Khodr	Michael Melhem Khodr	1/3/2022
<b>Full Name</b> (Print clearly)	<b>Signature</b>	<b>Date</b>

7322 Three Chopt Rd Richmond, Virginia 23226	
<b>Address</b>	<b>City/State/Zip</b>

(804) 895-0100	friendlytransport2019@gmail.com
<b>Telephone Number</b>	<b>Email Address</b>

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**CONSENT TO JOIN**

My name is Nathan Jones (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 12-15-15 (month, year) to on or about 12-15-19 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

**Please print or type the following information:**

Nathan Jones  1/3/2022

**Full Name** (Print clearly)

**Signature**

**Date**

936 E Gregory Blvd, Kansas City, Missouri 64131

**Address**

**City/State/Zip**

(816) 359-8759

sent911@gmail.com

**Telephone Number**

**Email Address**

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**CONSENT TO JOIN**

My name is Jhonn Ramirez (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 09/2007 (month, year) to on or about 04/2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

**Please print or type the following information:**

Jhonn Ramirez



1/3/2022

**Full Name** (Print clearly)

**Signature**

**Date**

34 Glen Eagles Rd. Washington, New Jersey 07882

**Address**

**City/State/Zip**

(973) 580-2145

Jhonndraco@hotmail.com

**Telephone Number**

**Email Address**

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**CONSENT TO JOIN**

My name is DURVIJAI PERSAUD (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 2016 (month, year) to on or about 2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

**Please print or type the following information:**

DURVIJAI PERSAUD	<i>Durvijai Persaud</i>	1/3/2021
<b>Full Name</b> (Print clearly)	<b>Signature</b>	<b>Date</b>
<hr/>		
50 OVERLOOK CIRCLE NEW ROCHELLE NY 10804		
<hr/>		
<b>Address</b>	<b>City/State/Zip</b>	
914-704-0024	DPERSAUD88@YAHOO.COM	
<hr/>		
<b>Telephone Number</b>	<b>Email Address</b>	

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**CONSENT TO JOIN**

My name is Thelma Jackson (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 01/2020 (month, year) to on or about 04/2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

**Please print or type the following information:**

Thelma Jackson	Thelma Jackson	1/3/2022
<b>Full Name</b> (Print clearly)	<b>Signature</b>	<b>Date</b>

2005 Kingsgate Dr. Saint Louis, Missouri 63138	
<b>Address</b>	<b>City/State/Zip</b>

(314) 660-3833	thelmahustonjackson@gmail.com
<b>Telephone Number</b>	<b>Email Address</b>

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**CONSENT TO JOIN**

My name is Sterland Jackson (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 01/2020 (month, year) to on or about 04/2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

**Please print or type the following information:**

<u>Sterland Jackson</u>	<u>Sterland Jackson</u>	<u>1/3/2022</u>
<b>Full Name (Print clearly)</b>	<b>Signature</b>	<b>Date</b>

<u>2005 Kingsgate Dr. Saint Louis, Missouri 63138</u>	
<b>Address</b>	<b>City/State/Zip</b>

<u>(314) 372-5728</u>	<u>ssj723@gmail.com</u>
<b>Telephone Number</b>	<b>Email Address</b>

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***Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.***

**CONSENT TO JOIN**

My name is Melani Weatherspoon (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about July 2007 (month, year) to on or about November 2018 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

**Please print or type the following information:**

Melani Weatherspoon



1/3/2022

**Full Name** (Print clearly)

**Signature**

**Date**

1362 N. Highway 9 Parkville, Missouri 64152

**Address**

**City/State/Zip**

(816) 446-2986

SMILINGFACES@GMAIL.COM

**Telephone Number**

**Email Address**

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**CONSENT TO JOIN**

My name is Victor Macy (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 12-1-2017 (month, year) to on or about 07-31-2019 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

**Please print or type the following information:**

Victor Macy  1/3/2022

**Full Name** (Print clearly)

**Signature**

**Date**

5900 Winding Way Auburn, California 95602

**Address**

**City/State/Zip**

(530) 613-5400

vwmacy@yahoo.com

**Telephone Number**

**Email Address**

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*Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.*

**CONSENT TO JOIN**

My name is Iris A. Burgos (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about Dec, 2015 (month, year) to on or about Dec, 2021 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

<u>Iris A. Burgos</u>	<u>Iris A. Burgos</u>	<u>12/27/21</u>
Full Name (Print clearly)	Signature	Date
<u>7653 Framingham Ct</u>	<u>Gainesville, VA</u>	<u>20155</u>
Address	City/State/Zip	
<u>(571) 208-6042</u>	<u>isg-transport@yahoo.com</u>	
Telephone Number	Email Address	

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**CONSENT TO JOIN**

My name is HASSAN MOHAMEDHOUR (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 4/20 (month, year) to on or about 2/21 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

"55 TRANSPORTATION"

HASSAN MOHAMEDHOUR

"

12/29/21

Full Name (Print clearly)

Signature

Date

628

OXford St

AKRON

Ohio 44310

Address

City/State/Zip

708-314-8620

HASSANSTH@gmail.com

(330) 805-0349

Telephone Number

Email Address

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*Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC* Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

CONSENT TO JOIN

My name is MATTHEW T NGALLA (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about MAY 2018 (month, year) to on or about \_\_\_\_\_ (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

<u>MATTHEW T NGALLA</u>	<u>[Signature]</u>	<u>12/24/2021</u>
Full Name (Print clearly)	Signature	Date
<u>3 Lynchester Dr.</u>	<u>Fredericksburg/VA</u>	<u>22406</u>
Address	City/State/Zip	
<u>571 437 4486</u>	<u>wantaah@gmail.com</u>	
Telephone Number	Email Address	

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